STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155334	A. BUILDING 01 B. WING	06/14/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED TRANSITIONAL CARE AND REHAB-WILDWOOD	7301 E 16TH ST INDIANAPOLIS, IN46219

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0000	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 06/14/11 Facility Number: 000227 Provider Number: 155334 AIM Number: 100267520 Surveyor: Mark Caraher, Life Safety Code Specialist At this Life Safety Code survey, Kindred Transitional Care and Rehab-Wildwood was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and areas not separated from the corridor. The facility has a capacity of	K0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	173 and had a census of 126 at the time of this survey. Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 06/15/11. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			
K0038 SS=E	Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 Based on observation and interview, the facility failed to ensure the means of egress through 2 of 11 delayed egress locks was readily accessible for residents, staff and visitors. LSC 7.2.1.6.1, Delayed Egress Locks, says approved, listed, delayed egress locks shall be permitted to be installed on doors serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system installed in accordance with Section 9.6, or an approved, supervised automatic sprinkler system installed in accordance with Section 9.7, and where permitted in Chapters 12 through 42, provided that: (a) The doors unlock upon actuation of an approved, supervised automatic sprinkler	K0038	This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.I. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.It is the practice of this center to assure that all exits remain accessable and discharge to an area of safe refuge at all times to include: the ambulance exit door and the exit	07/11/2011

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	system installed in accordance with Section 9.7, or upon the actuation of any heat detector or not more than two smoke detectors of an approved, supervised automatic fire detection system installed in accordance with Section 9.6. (b) The doors unlock upon loss of power controlling the lock or locking mechanism. (c) An irreversible process shall release the lock within 15 seconds upon application of a force to the release device required in 7.2.1.5.4 that shall not be required to exceed 15 lbf nor required to be continuously applied for more than 3 seconds. The initiation of the release process shall activate an audible signal in the vicinity of the door. Once the door lock has been released by the application of force to the releasing device, relocking shall be by manual means only. Exception: Where approved by the authority having jurisdiction, a delay not exceeding 30 seconds shall be permitted. (d) On the door adjacent to the release device, there shall be a readily visible, durable sign in letters not less than 1 inch high and at least 1/8 inch in stroke width on a contrasting background that reads: PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS This deficient practice could affect any resident, staff or visitor wanting to exit		door by the maintenance office. Signs have been affixed to the doors that say "push until alarm sounds door can be opened in 15 seconds".II. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken.All residents have the potential to be affected by not having signage on the exit door that says the door can be opened within 15 seconds of the application of force to open the door. All exits were inspected to ensure compliance by 7/11/2011.III. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.The Maintenance director will inspect exit access weekly and add to the preventive maintenance log.IV. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.The preventive maintenance log will be reviewed by the PI committee monthly to ensure continued compliance for one year then quarterly thereafter.	

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	the facility by using the ambulance exit and the exit by the maintenance office. Findings include: Based on observation with the Maintenance Director during a tour of the facility from 12:30 p.m. to 2:30 p.m. on 06/14/11, the ambulance exit door and the exit door by the maintenance office are each equipped with delayed egress locks which can be opened by the application of force to the release device within 15 seconds but each exit door was not provided with signage stating the door could be opened in 15 seconds by pushing on the door. Based on interview at the time of observation, the Maintenance Director acknowledged each exit door is equipped with delayed egress locks but each exit door did not have signage stating the door can be opened within 15 seconds of the application of force to open the door. 3.1-19(b)			
K0046 SS=F	Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1. Based on observation, record review and interview; the facility failed to document	K0046	I. What corrective action(s) will be accomplished for those	07/11/2011

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	testing of emergency lighting in accordance with LSC 7.9 for 3 of 3 battery operated emergency lights. LSC 7.9.3, Periodic Testing of Emergency Lighting Equipment, requires a functional test be conducted at 30 day intervals and an annual test to be conducted on every required battery powered emergency lighting system for not less than a 1 ½-hour duration. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all occupants in the facility including staff, visitors and residents. Findings include: Based on observations with the Maintenance Director during a tour of the facility from 12:30 p.m. to 2:30 p.m. on 06/14/11, there are three battery operated emergency lights located in the facility. Based on record review with the Maintenance Director from 9:30 a.m. to 11:30 a.m. on 06/14/11, documentation of thirty day interval functional testing and annual testing for each battery operated emergency light for at least a 1 ½-hour duration was not available for review. Based on interview at the time of observation the Maintenance Director		residents found to have been affected by the deficient practice.It is the practice of this center to assure that emergency lighting is provided to maintain compliance at all times to include: interval functional testing monthly and annual testing of one and a half hour duration of the three battery operated emergency lights in the facility. The entire facility was inspected for proper emergency lighting by 7/11/2011.II. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken.The maintenance director will inspect emergency lighting weekly for one quarter and then monthly thereafter. The annual test has been conducted and the monthly tests are being performed.III. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.Inspections will be logged into the centers preventive maintenance log.IV. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. The preventive maintenance log will be reviewed at the monthly PI committee meeting to ensure continued compliance for one year.	

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	stated, each battery operated emergency light is tested on a monthly basis but acknowledged there is no documentation available for review of thirty day interval or annual testing for each of the three battery operated emergency lights in the facility. 3.1-19(b)			